



Internal Reviews

Performance Period April 2003-June 2003

Introduction

Internal Reviews, a key component of the Statewide Quality Assurance system for children with special needs, were successfully implemented in all school complexes over fiscal year 2003. Case-based reviews allowed local service systems to examine the status of youth served and how well services are working to support their progress. Complex Area and District Quality Assurance teams, a DOE-DOH partnership, used the data to examine practice and implement service improvements. Integrated performance monitoring continues to be a key tool for quality assurance and improvement at both the state and local levels, and has been a vital vehicle for the progress made on behalf of children and families.

Statewide Findings and Improvements over Time

Internal Reviews were conducted in 39 Complexes during the fiscal year 2003. A total of 539 youth were reviewed using the Coordinated Services Review protocol. Of the total, 24% were attending high school, 26% were in middle school, 43% were in elementary school, and 6% were in the Early Intervention System. Further, 20% of the sample was receiving services through Family Guidance Centers. A total of 964 Family Guidance Center, school and community members participated in the review during the year.

Review Results

The performance goal of achieving acceptable system performance for 85% of youth reviewed was met for 33 (85%) of school complexes. System performance was acceptable for 91% of the youth reviewed. A full 94% of youth were doing well across measures of child status.

STATEWIDE TOTAL n=539

Test Outcome 1: + Child + System Performance 87% (n=466)	Test Outcome 2: - Child + System Performance 4% (n=23)	91% (n=489)
Test Outcome 3: + Child - System Performance 7% (n=40)	Test Outcome 4: - Child - System Performance 2% (n=10)	
94% (n=506)		

Table 1. Statewide Internal Review Results (Fiscal year 2003)

Since 1995...

A comparison of the results for FY 2003 to the early years of review bears discussion. At the end of the first year of implementation of the Felix improvements (school year 1995-1996), only 53% of elementary school-aged youth were found to be doing well in child status, and only 29% of those over age 13 had acceptable child status. In that same year, the system was performing acceptably well for 38% of pre-school children, 29% of elementary-aged students, and only 19% of youth over age 13.

Considerable progress has been made over the eight and a half years of implementation of system improvements. The data are showing that statewide, 91% of children and families are now receiving services with high consistency, and the children are receiving benefit from the delivery of these services. The efforts made to install a dependable service system is demonstrating that the vast majority (94%) of the 539 youth reviewed across the State during the past year were doing well based on child status. The children and youth reviewed were making learning progress, stable, healthy, taking responsibility and progressing emotionally and behaviorally. Further, caregivers were functioning well, and were generally satisfied with services. These results attest to the efforts that have been made by the State through concerted performance management and improvement systems.

Areas of Concern for the Year

As reported in the previous Sustainability Report (April 2003), six complexes did not achieve the performance goal during the year. The six complexes are Kahuku (83% system performance, 100% child status), Hilo/Lapahoehoe (78% system performance, 100% child status), Farrington (78% system performance, 100% child status), Pahoa (69% system performance, 100% child status), Central Kauai (83% system performance, 100% child status), and Nanakuli (64% system performance, 64% child status). Of these six complexes, all but one were found to have 100% of youth reviewed with acceptable child status. Full discussion of the trends and patterns of the six complexes, as well as the complexes where child status was of concern (Ka'u, Campbell, Kohala, and Nanakuli), can be found in the previous Sustainability Report (April 2003). Concerted efforts at the Complex and State levels are underway including the commitments made in each Complex Improvement Plan. DOE State Office personnel have met with each of the complexes as technical assistance regarding Internal Review findings and the appropriateness of action plans.

Based on the data and analysis for the full year, the outlier to the general pattern of acceptable system performance and child status is the Nanakuli Complex. Aggregate data is demonstrating concern across many indicators of child status including learning progress, responsible behavior, child safety, emotional well-being, and caregiver functioning. In the Nanakuli Review, indicators identified planning as an area with considerable issues. The Nanakuli Internal Review Report cited issues in the areas of:

- 1) Communication among personnel and between agencies,
- 2) Establishment of consistent procedures,
- 3) Student file management,
- 4) Progress documentation including use of data,
- 5) Setting measurable goals,
- 6) Access for students with special needs to the general education curriculum,
- 7) Coordination and transition management for students in alternative educational and treatment settings,
- 8) Parent engagement,

- 9) Serving “transient” families, and
- 10) Demands on personnel, many due to staffing vacancies in SBBH.

Concerted efforts at the Complex and State levels are being implemented, including the commitments made in each Complex Improvement Plan. DOE State Office personnel have met with each of the complexes. CAMHD has referred the one youth who had unacceptable child status and system performance to its Behavioral Specialist who is providing focused consultation with that child’s Family Guidance Team. Additionally, immediately after the unacceptable review, Nanakuli, with the assistance of the Complex Area Superintendent and support staff, formed focus groups to review the findings and develop corrective actions. Those focus groups continue to meet to gauge progress and make refinements. As a result, the complex Standards Implementation Design (SID) has been revised to reflect necessary changes in priorities and activities. Additional teacher support materials have been purchased and are in place in the schools.

System performance ratings for the youth in Pahoia are also an area of concern. Again, acceptable planning appeared to be the core challenge for the complex. The Internal Review identified challenges in the areas of:

- 1) Reading levels of students,
- 2) Lack of long-term planning,
- 3) Limited knowledge and skills of team member regarding how to address the needs of students with disabilities,
- 4) Transitions across levels of care and services,
- 5) Accessing functional behavioral assessments,
- 6) Currency and individualization of IEPs,
- 7) Parent engagement,
- 8) Involving youth in extra-curricular activities and related transportation issues,
- 9) Availability of substance abuse treatment services, and
- 10) Addressing the service needs of families with chronic and multi-faceted issues.

While child status was acceptable for all youth reviewed, system performance issues indicate a Complex that is struggling to adequately meet the needs of students and families with special needs. With the support of the District Education Specialist (DES), school schedules are arranged to create daily coordination time and adequate time for administrative presence in IEP meetings. A review of educational plans for adequate reading strategies was conducted and staff development time and support material is available for the beginning of the new school year.

Statewide Refinements of Quality Management Processes

The April 2003 Sustainability Report identified needs and strategies for improving both the statewide Quality Assurance/Peer Review (QA/PR) and Internal Review processes. As discussed in the Introductory Section of this report, guidelines regarding expectations for QA/PR practices have been disseminated. These guidelines were developed as a way to assure consistency of implementation on a statewide basis, and to assure that accountability for needed improvements occur systematically in all areas. The guidelines were distributed in May and full implementation across all Complex Areas is now underway. The process should be particularly helpful to Complex Areas that would benefit from clear structure and products to help guide their processes.

The previous report also identified issues surrounding the quality management of Internal reviews. Recommendations included:

1. Dissemination of clear and comprehensive guidelines regarding conducting reviews to all complexes and Family Guidance Centers based on “lessons learned” from the first full year of implementation,
2. Refinement of measures to ensure the integrity and rigor of the methodology
3. Development, implementation, and accountability of internal improvement plans, including relationship to Complex Area Quality Assurance, and
4. Role of Verification Checks.

In mid-June, managers from DOE, CAMHD and EIS met to develop strategies to ensure the quality and sustainability of Internal Reviews. Guidelines were developed regarding 1) ensuring community participation, 2) the role of mentors including in the rating of cases, 3) critical discernment and objectivity in conducting reviews, 4) writing case narratives, 5) improvement and corrective action plans, 6) protocol refinements, 7) strengthening the review debriefing process, 8) the review sample, 9) Early Intervention Section personnel involvement in focus groups, 10) verifications, and 11) the overall importance of the review process and the commitments of the State. Full dissemination of these guidelines is underway. In support of this dissemination, the Special Education Section is targeting widespread training and training support to Complexes to increase awareness, understanding, and capacity to participate in and benefit from Internal Reviews. These refinements are expected to bring greater clarity and consistency to the reviews, and will lend to greater confidence in the integrity of the Internal Review process.

Findings for the Fourth Quarter

Waiakea was the only complex reviewed in the fourth quarter. Internal Review results for the Waiakea Complex are displayed in Table 1. Of the 13 youth reviewed in this time period, the local service system was performing consistently well for 12 or 92%. Of the youth reviewed, 10 or 77% were doing acceptably well across indicators of child-well-being. These results indicate that key service system functions are dependable in this complex.

Description of the Samples

There were 13 students reviewed in the fourth quarter. Table 3. shows the distribution of cases reviewed across school levels in Waiakea Complex and Early Intervention. The sample size is determined by the number of schools in the complex in order to assure that students from each school are reviewed.

Table 3. Distribution of Sample-Fourth Quarter

	High School	Middle School	Elementary School	Early Intervention	4th Quarter
Waiakea	4	4	4	1	13

Further description of the sample is presented in Table 4. The total sample represented 46% of the IDEA population and 8% of the 504 population. Of the total number of cases reviewed (N=13), 23% were receiving care coordination from the Child and Adolescent Mental Health Division (CAMHD). Approximately 54% were IDEA or 504 Felix class students that were case managed by the schools, 15% are IDEA non-Felix students, and 8% were receiving case management through Early Intervention Services.

Table 4. Description of Sample-Fourth Quarter

	CAMHD Felix	IDEA / 504 Felix	IDEA Non-Felix	Early Intervention	4th Quarter
Waiakea	3	7	2	1	13

Table 5. displays the range of IDEA disability categories that were represented in the samples. The 13 students reviewed represent 7 out of the 16 IDEA eligibility categories. The largest percentage of youth was in the category of Emotional Disturbance (31%). Specific Learning Disability (15%), Mental Retardation (15%), and Other Health Impairments (15%) were the next most frequent. Nearly half of the eligibility categories were represented in the reviews.

Table 5. Disability Categories-Fourth Quarter

	Waiakea
Autism	1
Deaf/Blindness	0
Deafness	0
Developmental Delay	0
Emotional Disturbance	4
Hearing Impairment	0
Mental Retardation	2
Multiple Disabilities	0
Orthopedic Impairment	0
Other Health Impairments	2
Specific Learning Disability	2
Speech/Language Impairment	0
Traumatic Brain Injury	0
Visual Impairment	0
504 Felix	1
IDEA, Part C	1
4th Quarter	13

Participants

A total of 21 school, Family Guidance Center (FGC), and EIS staff, participated in the Internal Reviews in the reporting quarter. The largest group represented was Resource Teachers (5), followed by Psychologists (3), and Mental Health Care Coordinators (3). There was some duplication in counts for CAMHD Quality Assurance Specialists, who participate in multiple complex reviews. The expectation for community involvement has been clarified with the complexes and will be monitored for full implementation in all future internal reviews. Staff from State-level DOE and CAMHD Performance Management participate as mentors and/or support for debriefings in every review.

Table 6. Internal Review Participants-Fourth Quarter

	Waiakea
Principal	1
DOE Mentors	2
Resource Teacher (State, District, Complex, PSAP, Student Support, Literacy, CSSS)	5
Psychologist (District, Complex, School)	3
Special Education Teacher (including Pre-School Teacher)	2
Student Services Coordinator	2
Special Education Director, Educational Specialist, School Renewal Specialist, District Educational Specialist, Retired Administrator	1
CAMHD Program Manager, Supervisor	1
Mental Health Care Coordinator, Mentor	3
Early Intervention Personnel	1
4th Quarter Total Participants	21

Review Outcomes and Trends

The Waiakea Internal Review findings indicate strengths in the areas of: 1) flexible regular education teachers, 2) parents involved in the team process 3) learning progress and attendance among the youth reviewed, 4) communication among team members, 5) transition planning, 6) individual team members taking initiative to address issues 7) creative problem solving and resource utilization through caring and support teams who understand youth's focal concerns, 8) specific interventions to address reading skills, 9) timeliness of plans and service interventions, and 10) student participation in school and community extra-curricular activities.

Challenges were identified in the areas of: 1) lack of clinical understanding of youths' diagnoses and implications for service provision, 2) limited understanding of youths' home and environmental situations, 3) PLEPs that were limited in scope and depth, 4) communication between teams and contracted/private providers regarding medication management, 5) meeting youths' long-term goals, 6) installing systems for formal (documented) communication and feedback among team members, 7) transition plans, 8) quality of assessments, 9) articulation between SBBH and team members, 10) assisting families with implementing interventions, and 11) implementing interventions and supports of youth with intensive needs.

While system performance was acceptable in the Waiakea Complex, child status was of concern for 23% of the youth reviewed. Overall, findings demonstrate a local service system with dynamic strengths in key areas. Challenges are clearly articulated, which lends to the development of focused system interventions.

Verification Check Findings

Verification checks are routinely conducted on a random sample of cases that were reviewed by the complexes to determine if Internal Review findings are consistent with quality standards set for external reviews. Trained, experienced reviewers conducted the verification checks using a rating tool developed specifically for the task. All cases are found to meet standards.

Of the cases that went through the verification check process, all but nine, or 75% were verified as meeting senior reviewers' criteria for an overall correct determination of findings. Within the overall determination, verifiers can make a partial determination of support. For example, reviewers may find that some of the indicators are supported, but some are not. This finding did not impact the overall score for the complex.

Findings of the verification checks are showing that many reports continue to be written at a level that cannot adequately support the findings of the review, often lacking sufficient detail to allow the verifier to clearly understand the situation and ascertain how the system was performing for the child and family. Several individual ratings were questioned in the verification checks, but verifiers overturned no cases. The issues identified by the State-level staff verifying reviews will be incorporated into changes in training and oversight for the Internal Reviews previously discussed.

Aggregate Findings for Verification Checks

The Statewide Verification Checks for the year yielded 99% (162 of 164) of cases fully or partially supported indicating high rate of inter-rater reliability for the Internal Review findings.

Complex Data

The following page provides a "profile" of the Waiakea Complex. Presented are data regarding the Internal Reviews and core indicators for the Family Guidance Centers and schools. Data are current for the quarter the Internal Review occurred. Family Guidance Center data include number and percentage of clients in out of state treatment settings, in out of home treatment, with service delivery gaps, with complaints, and who have current Coordinated Service Plans (CSPs). Staffing vacancies in the FGC for the complex are also presented. School data for each complex include number of service gaps, percentage of referrals that were processed within timelines, number of written and telephone complaints received by the State Office, number of hearing requests, and percentage of special education teachers that are certified. Also presented are data related to suspensions (regular education to special education numbers and ratios).

Waiakea April 2003

Internal Review Results

n=13

Test Outcome 1: + Child + System Performance 77% (n=10)	Test Outcome 2: - Child + System Performance 15% (n=2)	92% (n=12)
Test Outcome 3: + Child - System Performance 0% (n=0)	Test Outcome 4: - Child - System Performance 8% (n=1)	
77% (n=10)		

Family Guidance Center

Family Guidance Center	#	# of Clients	%
Mainland Placements	0	29	0%
Out of Home	11	29	38%
Service Delivery Gaps	0	29	0%
Complaints	1	29	3%
CSP timelines	23	23	100%

Staffing	Vacancies	%
1.67	0	0%

School Data

Service Gaps	Timelines	Written Complaints	Telephone Complaints	Hearing Requests	% Qualified Teachers
0	72%	0	0	2 (YTD)	87.9%

Complex	Regular Education		Special Education		Special Education Over Regular Education Suspension Ratio		
	Enrolled Students	Suspensions	Enrolled Students	Suspensions	02-03 SY Actual Enrollment	02-03 SY *State Average	01-02 SY *State Average
Totals	3,695	196	407	80	3.54	2.99	1.82

* State Average = 88% Regular Education and 12% Special Education

State-level Feedback on Internal Review Reports

Each Internal Review generates a report on the results of the Internal Review, reporting on core performance indicators, and an improvement plan on areas identified as needing strengthening based on review of findings and data. The overall goal is to imbed reflective practice at all levels that will facilitate adjustments and improvements that are based on accurate, current data. To assure an accurate read and proactive improvement strategies, the reports are reviewed and feedback is provided. Each report is due thirty days following the conclusion of the Internal Review, and feedback is due back to the complex within another thirty days. Feedback is given in two main areas: the quality of the report and review process, and the quality of the improvement plan. Currently, 100% of reports have been submitted and received a State-level response. Improvements incorporated into the changes in the Internal Review process, training, and oversight are targeted to improve the result reporting and feedback.

Summary

This year's first year implementation of Statewide Internal Reviews has provided opportunities for local level discussion and action regarding the status of services and supports for youth across the State. To quote the last period's report, "as the impetus for making improvement shifts from external mandates to a continuous improvement framework, staff and communities are experiencing both validation of their progress and effective practices, and reminded of the continual work it takes to maintain a service system for youth and families." Vigilance regarding ensuring the integrity of the review process and accountability for improvements and results continues to be a core challenge for State leadership.

The majority of complexes (85%) have demonstrated the sustainability of gains made over the past several years. The complexes that were not performing to standard have been implementing internal improvement activities and are scheduled for review early this fall.

Overall, the Internal Review Process continues to be a viable, if not critical method for assessment and determining the status of the service system on a statewide basis. Sustainability of the State's efforts and results will be strengthened through the recent installation of measures for maintaining rigor and close integration into the Complex Area Quality Assurance functions. Realizing a fully integrated accountability system is integral to the State's commitment for sustainable continuous improvements and positive results for youth and their families.